NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

I Reporting Information

Year: 2012

Fill in circle if amendment ○

FOR OFFICE USE ONLY

RECEIVED   JAN 1 5 2014

II Client Information

Name: Maimonides Medical Center ("MMC")

Permanent Business Address: 4802 Tenth Avenue

City: Brooklyn   State: New York   ZIP code: 11219

Phone: (718) 283-7019

III Business Relationship with an Entity

Instructions: Fill out this section *only* if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name: DYS Productions

Entity Address: 1310 48th Street

City: Brooklyn   State: New York   ZIP code: 11219

Phone: (516) 658-6635

State Person with the Requisite Involvement in the Entity:

Last name: Hikind   First name: Dov

State Person's Agency or Legislative Body of Employment: New York State Assembly

Public Office Address: 1310 48th Street

City: Brooklyn   State: New York   ZIP code: 11219

Phone: (718) 853-9616

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ○

Description of Business Relationship(s): MMC sponsors The Dov Hikind Show, a weekly radio show produced by DYS Productions that draws its audience primarily from the Orthodox and Hasidic Jewish communities of Brooklyn. The radio show, which MMC has sponsored since approximately 1999, provides a variety of on-air promotional services to MMC, including pre-recorded advertisements, endorsements, highlights of upcoming MMC events, and interviews with medical and executive staff about MMC health initiatives.

Compensation (Actual or Anticipated): $ 65,000   .00

Expenses (Actual or Anticipated): $ 0   .00

Total Compensation and Expenses (Actual or Anticipated): $ 65,000   .00

Beginning date of Business Relationship (Actual or Anticipated):   **Month:** Approx.   **Year:** 1999

End date of Business Relationship (Actual or Anticipated) *if applicable:*   **Month:** March   **Year:** 2014

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ○

IV Business Relationship with a State Person

Instructions: Fill out this section *only* if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated): $ .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ .00

Beginning date of Business Relationship (Actual or Anticipated):   **Month:**   **Year:**

End date of Business Relationship (Actual or Anticipated) *if applicable:*   **Month:**   **Year:**

Check here if using addendum sheet for additional State Person(s): ○

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: *Pamela Brier*   DATE: 1/14/14

PRINT NAME: LAST *Brier*   FIRST *Pamela*

Mark One: ● Chief Administrative Officer   ○ Designee(Attach Letter)